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Application Number 10/045,114

36657-00400

TRANSMITTAL Filing Date November 9, 2001 First Named Inventor Pabst, et al. Art Unit 3625 Examiner Name Jeffrey A. Smith

Attorney Docket Number

| ENCLOSURES (Check all that apply) | | | | | | | | | | | |
|---|---|--------------------------|---|-------|----------|--------|---|--|--|--|--|
| | Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement | | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD | | | Retur | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): In Postcard Label EL 968231355 US | | | | |
| Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | Rem | narks | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | | |
| Firm Name Milbank, | | Milbank, Tweed, Hadley 8 | McClo | y LLP | | | | | | | |
| Signature | | Frak D. Bur | | | | | | | | | |
| Printed name | | Frank A. Bruno | | | | | | | | | |
| Date | | May 20, 2005 | | | Reg. No. | 46,583 | | | | | |
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CERTIFICATE OF TRANSMISSION/MAILING

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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|---|--|-----------------------|---------------|------------------------|-----------------------------|--|--|--|--|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.F. | Application Number 10/045 | | ,114 | | | | | | | | | |
| FEE TRANSMITTA | Filing Date | Nov. 9, | Nov. 9, 2001 | | | | | | | | | |
| For FY 2005 | First Named Invent | or Pabst, | Pabst, et al. | | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.2 | Examiner Name | J. Smit | J. Smith | | | | | | | | | |
| | Art Unit | 3625 | 3625 | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1620 | Attorney Docket No | 36657- | 36657-00400 | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | | | |
| BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | | | | | |
| Small Entity Application Type Fee (\$) Fee (\$) | | Small Entity | | II Entity | Fees Paid (\$) _s | | | | | | | |
| Utility 300 150 | Fee (\$) 500 | | | e (\$) | rees Palu (\$). | | | | | | | |
| Design 200 100 | 100 | | | 00 | | | | | | | | |
| Plant 200 100 | 300 | | | 65 | | | | | | | | |
| Reissue 300 150 | 500 | | | 80 | | | | | | | | |
| Provisional 200 100 | 300 | | _ | 00 | | | | | | | | |
| 2. EXCESS CLAIM FEES | U | 0 | 0 | 0 | mall Entity | | | | | | | |
| Fee Description | | | | <u>Fee (\$)</u> | Fee (\$) | | | | | | | |
| Each claim over 20 (including Reissues) | \ | | | 50 | 25 | | | | | | | |
| Each independent claim over 3 (including Reissu Multiple dependent claims | ies) | | | 200 360 | 100 180 | | | | | | | |
| Total Claims Extra Claims Fee (\$) | Fee | Paid (\$) | | | endent Claims | | | | | | | |
| 20 or HP = x | = | | <u>-</u> | Fee (\$) Fee Paid (\$) | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | |
| Indep. Claims | | | | | | | | | | | | |
| 6 - 3 or HP = 3 x 200 = 600 HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | |
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| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | |
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| 100 = / 50 = 4. OTHER FEE(S) | | (round up to a writte | : пишвет) х | | _= | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | |
| Signature Full All | R | Registration No. | 3 | Telephone a | 12-530-5456 | | | | | | | |
| Name (Print/Type) Frank A. Bruno | ttomey/Agent) 46,383 Date May 20, 2005 | | | | | | | | | | | |

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